TANA RIVER COUNTY

HIV & AIDS

STRATEGIC PLAN

(TRCASP 2016 – 2020)

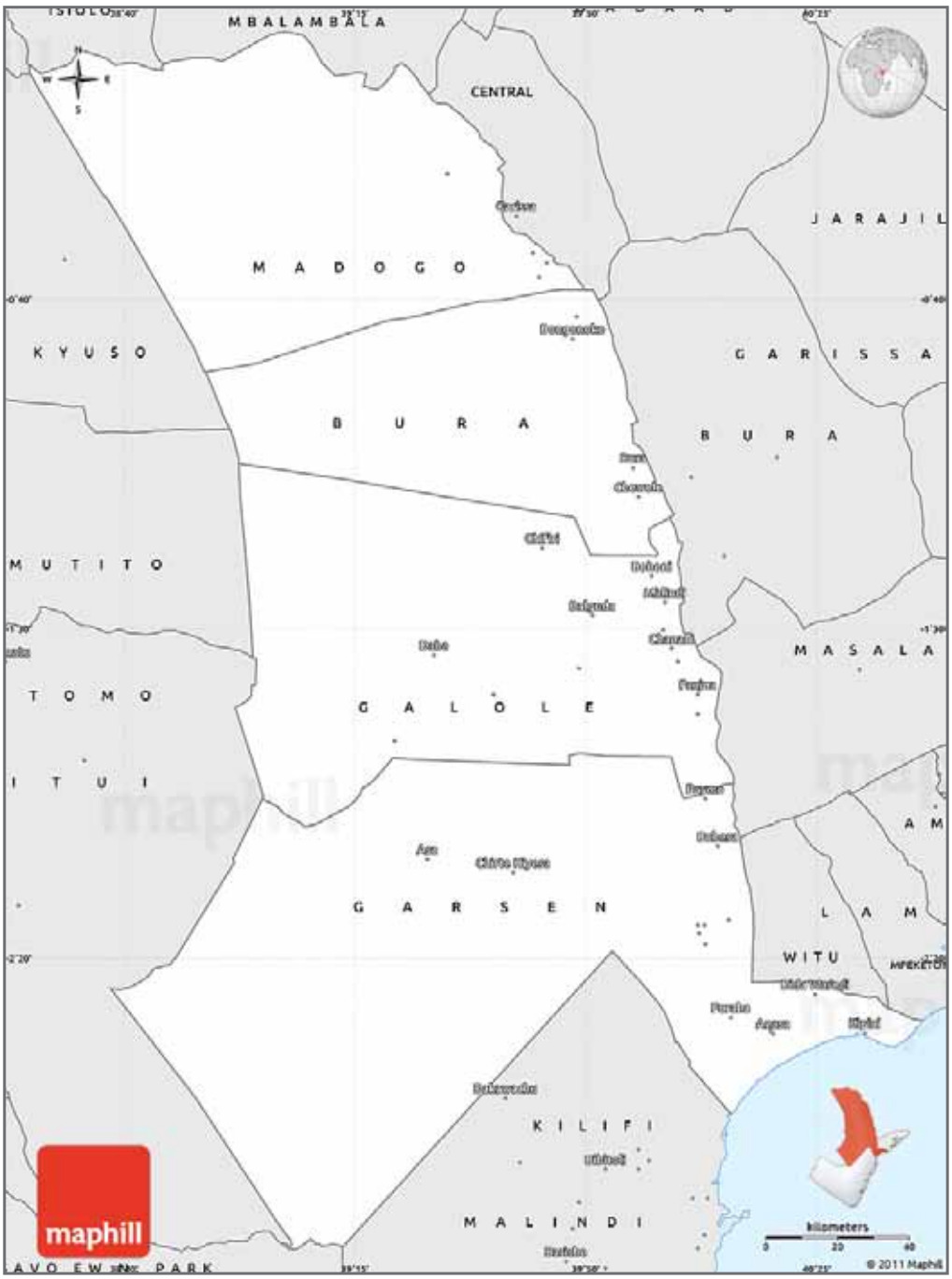
NATIONAL AIDS CONTROL COUNCIL

TANA RIVER COUNTY HIV AND AIDS STRATEGIC PLAN

(TRCASP 2016 – 2020)

"A generation free from HIV in Tana River County"

Map of Tana River County



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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
ART	Anti Retroviral Therapy
ASAL	Arid and Semi-Arid Lands
C&T	Counselling and Testing
CASP	County AIDS Strategic Plan
CASCO	County AIDS STI Coordinator
CBO	Community Based Organization
CEs	County Executives
CEC	County Executive Committee
CPHO	County Public Health Officer
CHAs	Community Health Assistants
CHC	County Health Committee
CDH	County Director of Health
CCC	Comprehensive Care Centre
CEC	County Executive Committee
CECM	County Executive Committee Member
CHMT	County Health Management Team
CHVs	Community Health Volunteers
CHRIO	County Health Records Information Officer
CIDP	County Integrated Development Plan
CME	Continuous Medical Education
CNC	County Nutrition Coordinator
CNO	County Nursing Officer
CUs	Community Units
COBPAR	Community Based Programme Activity Reporting
CPF	County Pharmaceutical Facility
CQI	Continuous Quality Improvement
CSOs	Civil Society Organizations
DHIS	District Health Information System
ECDE	Early Childhood Development Education
EID	Early Infant Diagnosis
EMTCT	Elimination of Mother To Child Transmission
FANC	Focused Anti-natal Care
FGD	Focused Group Discussion
FGM	Female Genital Mutilation
FP	Family Planning
HAART	Highly Active Anti-Retroviral Treatment
HCWs	Health Care Workers
HF	Health Facility
HIPORS	HIV Implementing Partners Online Reporting System

HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
ICT	Information Communication Technology
IEC	Information, Education and Communication
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KEPH	Kenya Essential Package for Health
KPs	Key Populations
LAPSSET	Lamu Port South Sudan Ethiopia Transport Corridor
LMIS	Logistic Management Information System
M&E	Monitoring and Evaluation
MCH	Mother Child Health
MMC	Male Medical Circumcision
MOH	Ministry of Health
MSM	Men having Sex with Men
NACC	National AIDS Control Council
NIB	National Irrigation Board
OJT	On-job Training
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PITC	Provider Initiated Testing and Counselling
PMTCT	Prevention of Mother To Child Transmission
PNC	Post Natal Care
PS	Population Services
QA	Quality Assurance
QC	Quality Control
RRI	Rapid Result Initiative
SBCC	Social Behaviour Change Communication
SCHMT	Sub- County Health Management Team
SCASCO	Sub County AIDS Coordination Officer
SGBV	Sexual Gender Based Violence
STI	Sexually Transmitted Infections
TB	Tuberculosis
TBA	Traditional Birth Attendants
TNA	Training Needs Assessment
TRCASP	Tana River County AIDS Strategic Plan
TOT	Training of Trainers
TOR	Terms of Reference
TST	Technical Support Team
VMMC	Voluntary Medical Male Circumcision

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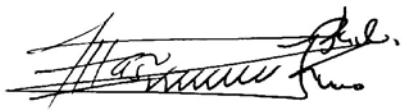
Foreword

The development of this plan is the culmination of many weeks of preparation by the Tana River County Government through the department of health's AIDS/STI program, implementing partners and health sector stakeholders. In 2010, the constitution of Kenya gave birth to counties and devolved the function of health care provision, including HIV/ and AIDS to the counties.

In this regard, Tana River County has in its hand an opportunity to catch up with the rest of the country in key milestones related to health, more so in HIV. The HIV prevalence in Tana River stands at 2% - (KAIS 2012). This, compared with the rest of Kenya (at 4.3 coast region and 5.6 nationally- KAIS 2012) seems low. However, we cannot afford to waste a single opportunity to reduce this prevalence towards zero by preventing new infections.

The county has unique challenges, stigma being key among them. Low public HIV knowledge also augments this challenge. This plan puts forward the direction the county is taking in the HIV program to increase the demand for HIV testing, prevention, care and treatment services. .

The plan is a commitment by the county of Tana River to embracing the responsibility of healthcare services, and tackling the challenge of HIV. It focuses on effective evidence-based investments that target priority aspects of the HIV response while ensuring that all citizens are reached and stigma and discrimination are reduced for improved health outcomes in the county.



Hassan Barre
CEC Health, County Government of Tana River

The County has unique challenges, key among them being stigma. Low public HIV knowledge also augments this challenge.

Preface

The Tana River County HIV and AIDS Strategic Plan (2016 - 2020) marks a milestone in the county's response to HIV. The Tana River County Government is cognizant of the continuous presence of the health and socioeconomic threat posed by HIV. This calls for a multifaceted approach towards nipping the increase of new HIV infections in the county.

The county has thus engaged multiple stakeholders in developing this County Strategic Plan aligned to the Kenya AIDS Strategic Framework (KASF) (2014/15-2018/19) mapping the county's path for the next four years.

Our key strategic objectives during the lifetime of this document are as follows;

1. Reduce new HIV infection by 75%
2. Reduce AIDS related mortality by 25%
3. Reduce HIV related stigma and discrimination from 48% to 24%
4. Increase domestic financing of the HIV response by 50%

In this regard, therefore the County Government is committed to facilitate achievement of the outcomes based on available evidence of infections; human rights based approach, county and sub-county ownership, efficiency, effectiveness and innovative approaches.

Hussein Komoro

Chief Officer Health, County Government of Tana River

Acknowledgements

We thank the County Government of Tana River, the Department of Health and County Health Management Team (CHMT) for taking the lead in the entire process. Thanks to the national and regional offices of National AIDS Control Council (NACC) and National AIDS and STI Control Programme (NASCOP) for providing both technical and resource support. Special appreciation to the County drafting team for their effort in developing this document. Our gratitudes also go to the Technical Support Team (TST) for the support accorded towards achieving the TRCASP. We also acknowledge the county and regional partners who contributed immensely to the development of this plan, representatives from all priority populations, members of the public and private sector, thank you for your sacrifice and valuable input that enriched this TRCASP

We are also grateful for the contribution, commitment and efforts of various partners during the development of the process of this strategic plan.

Tana River County Government is committed to strengthened coordination, fostering collaboration and facilitating delivery of a successful HIV response.

Dr. Oscar Endekwa
Director of Health, County Government of Tana River

Tana River County Government is committed to strengthened coordination, fostering collaboration and facilitating delivery of a successful HIV response.

Executive Summary

With approximately 1,200 people living with HIV, the adult HIV prevalence of Tana River County is estimated to be 2% (KAIS, 2012). The HIV prevalence among women in Tana River County is higher (1.5%) than that of men (0.6%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men. This disproportionate vulnerability is partly linked to Polygamy, wife inheritance, re-marrying, low literacy levels among women, poverty, Female Genital Mutilation, unskilled deliveries, early marriages and high divorce-rates. By 2009, only 27% of people had tested for HIV in Tana River County. In the year 2014/2015, 27,145 people tested for HIV for the first time while 43,001 repeat tests were done. Thus by 2015, 38% of people knew their status through HIV testing (Kenya HIV County Profiles 2014)

Of the 1,200 adults estimated to be living with HIV, 841 are in the health care program, with 725 (86%) being on ARVs. The ministry of health estimates that the need for ART in Tana River County is 682 clients. The county is the 8th best in Kenya in ART coverage. Stigma and discrimination are the biggest hindrances to provision of services in Tana River County.

The county now places emphasis on the realization of its vision to have "**A generation free of HIV by 2020**". This will be achieved by the fulfillment of two key goals;

1. To reduce stigma and discrimination, transmission of HIV infections, poverty, illiteracy AND,
2. To promote progressive cultural practices through community empowerment and involvement by 2020

All stakeholders involved in the response are contributors to the various indicators outlined in achievement of the County's HIV vision and are equally responsible to ensure that they are regularly monitored and utilized to measure progress.

Chapter

1

Background Information on Tana River County

Tana River County is one of the six Counties in the Coast region. It borders Kitui County to the West, Garissa County to the North East, Isiolo County to the North, Lamu County to the South East and Kilifi County to the South. The county has a total area of 38,862.2 Km2 and covers about 35km of the coastal strip. The County is composed of 15 electoral wards, three sub-counties namely; Tana North, Tana River, Tana Delta and three constituencies namely; Bura Galole, and Garsen. The county accounts for 6.61% of Kenya total surface area

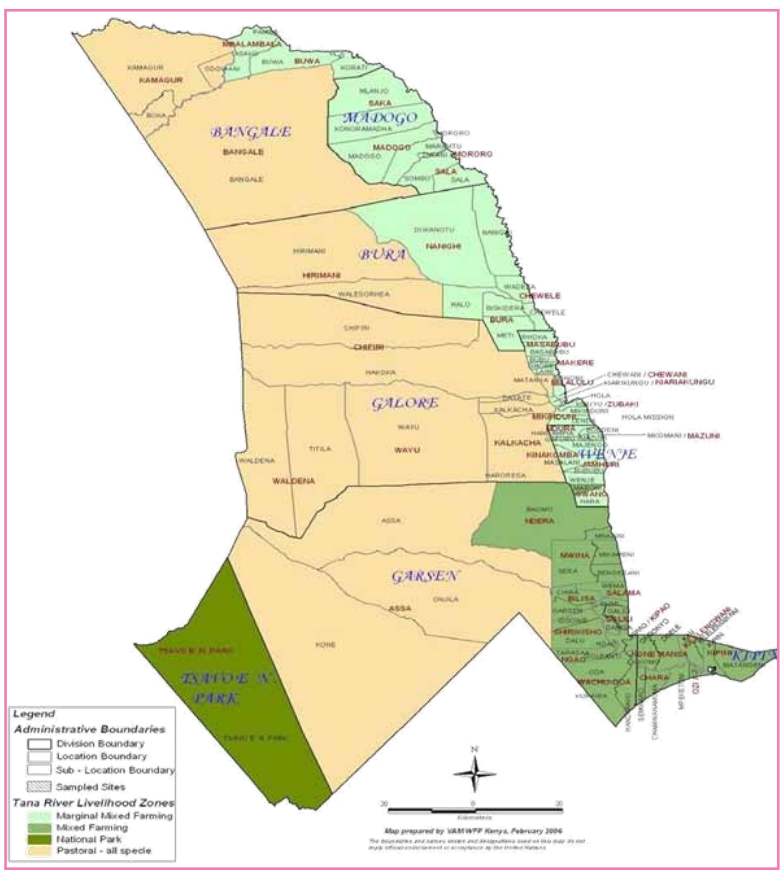


Figure 1.1 Map of Tana River County

Tana River County is one of the potentially rich counties with unexploited natural resources in the country. The incoming agricultural irrigation project (one million acre plan), the TARDA (Tana Delta), Bura and Hola Irrigation projects, LAPSSET corridor Project and the oil exploration are all a blessing and a challenge in promoting health lifestyles and reducing risk behaviors to HIV. Tana River County is also potential for minerals e.g Barite, illmnite, iron ore, uranium and Gypsum.

The capital and largest town is Hola with the major ethnic groups being Pokomo, Orma and Wardey. Farming and Pastrolism are the main economic activities in the county. The Tana River is a major water resource in the area. Fishing, hunting and gathering, honey harvesting are other sources of livelihood on a lower scale.

- Population – 293,261 people, male 47%,female 53%
- Population density 6.2 people/km2. Population concentration is mainly riverine and sparsely population hinterland
- National percentage 0.62%
- Annual growth rate 3.4%
- Age distribution 0-14yrs (50.9%), 15-64yrs (46.2%), 65+ (2.9%)
- Tana county is an ASAL county
- Poverty index is about 72%
- The following are the number of educational institutions in Tana river
  - Public Primary schools-162 schools
  - Public secondary schools-24 schools
  - Public ECDE schools-349 schools
  - Youth polytechnics-4

Table 1: Showing health facilities per sub County

Name of Sub County	No. Wards	No. Health Facility	Total Population
Tana Delta	6	20	118,079
Tana River	4	16	74,350
Tana North	5	17	100,832
County Total	**15**	**53**	**293,261**

Data Source, DHIS 2015

Table 2: Showing divisions and sub-locations of Tana River County

Sub County	Divisions	Number of Locations	Number of Sub Locations
Tana River	Galole	11	22
	Wenje	5	11
Tana Delta	Tarasaa	5	11
	Garsen	7	16
	Kipini	3	6
Tana North	Mbalambala	3	5
	Bangale	2	3
	Madogo	4	8
	Bura	5	8
TOTAL	**9**	**45**	**90**

Chapter 2

HIV Situational Analysis

Tana River is the fourth least populated county, and one of the least HIV burdened county in Kenya. The table below shows the HIV burden of Tana River County as of 2013.

Table 3: Showing HIV prevalence disaggregated by age.

Total population (2013)	293,261
HIV adult prevalence (overall)	1%
Number of adults living with HIV	1,200
Number of children living with HIV	172
Total number of people living with HIV	1,372

Source: Kenya HIV County Profiles 2014 Ministry of Health, Kenya

2.1 Prevalence of HIV by gender in Tana River County

The HIV prevalence among women in Tana River County is higher (1.5%) than that of men (0.6%) (KAIS, 2012). Over the years, the women living in the county have been more vulnerable to HIV infection than the men. This disproportionate vulnerability is partly linked to Polygamy, wife inheritance, re-marrying, low literacy levels among women, poverty**,** FGM, unskilled deliveries, early marriages and high divorce-rates.

2.2 Testing coverage for HIV

By 2009, only 27% of people had tested for HIV in Tana River County. In the year 2014/2015, 27,145 people tested for HIV for the first time while 43,001 repeat tests were done. Thus, by 2015 38% of people knew their status through HIV testing.

Source: Kenya HIV County Profiles 2014 Ministry of Health, Kenya

2.3 Care and treatment of PLHIV

Of the 1,200 adults estimated to be living with HIV, 841 have been tested and are in the health care program with 725 (86%) being on ARVs. The ministry of health estimates that the need for ART in Tana River is 682 clients. The county is the 8th best in Kenya in ART coverage. Stigma and discrimination are the biggest hindrances to provision of services in Tana River County.

Of the 725 clients who are on ARVs, only 89 have achieved viral suppression. This could be an indicator of low drug adherence and defaulter tracing due to inaccessibility to health care services, high stigma rates and retrogressive cultural beliefs and taboos. This calls for increased focus on improving the quality of care and incentives to clients who are already under care and treatment.

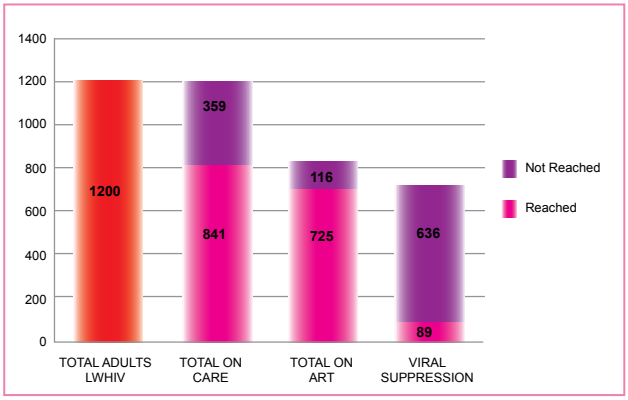


Figure 2: Showing Uptake of ART among Adults living with HIV

2.4 Elimination of mother to child transmission of HIV

HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. In the year 2014 Tana River County identified 102 of pregnant HIV +ve women, surpassing the nationally set target of 64. The biggest gap is that of those identified; only 83 would-be mothers were given interventions that reduce chances of transmission to the child.

Only 38 children born of mothers who are HIV +ve were given interventions to reduce the chances of mother-to-child transmission. The county aims at 100% identification of HIV +ve mothers and 100% intervention to the mothers and infants towards getting to zero infant HIV infection.

2.5 Key general intervention areas

The county needs to improve access to and uptake of sexual and reproductive health services for girls and women. Devolution has given the county a perfect chance to increase access to education among young people and to pass the message on the importance of delaying sexual debut.

The county should mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities.

Priority areas include

- Strong County political and community leadership for a multi-sectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

Chapter 3

Rationale and Strategic Plan Development Process

The constitution has devolved the health responsibility of the most health services including the HIV response to the county level. It is against this backdrop that this document is developed.

The plan is a guide for coordination and implementation of the HIV response; and a resource mobilization, allocation and accountability at the county level.

3.1 Development of this document

This plan was developed through in-depth analysis of available data and a participatory process involving a wide range of stakeholders from the National Government, National AIDS Control Council, Tana River County Government, Non-governmental organizations, faith based organizations, networks of people living with HIV and key affected populations; private sector and development partners.

3.2 Process of developing the TRCASP 2016-2020

The process of developing the Tana River County HIV and AIDS Strategic Plan 2016-2019 ran from April 2015 to June 2016 as follows:

- **April 2015:** A planning meeting organized by NACC with five members from the county trained as Trainers of Trainers (TOT) and discussed the emerging issue in the response to HIV and AIDS in the country. The meeting also suggested the development of County AIDS Strategy Plans.
- **May 2015:** The TOTs provided feedback, disseminated the KASF and collected views from the County Executives, County Assembly and County Health Management Team (CHMT).
- **June 2015:** The County TOTs with support from NACC organized a workshop for County stakeholders and HIV programme implementers to collect views on the development of the County AIDS Strategic Plan. Its from this meeting

that members of the county drafting team were proposed.

- **October 2015:** The Tana River County HIV and AIDS Strategic Plan drafting team members were officially appointed by County Director for Health services.
- **January – March 2016:** Drafting team collected views from community and reviewed policy and programme documents
- **April 2016:** A drafting team meeting for four days was held resulting to a draft Tana River County AIDS Strategic Plan (TRCASP) 2016-2020. The first draft was circulated for comments and input from government and civil society stakeholders.
- **June 2016:** TRCASP 2016-2020 was reviewed and validated through stakeholders participation in meetings and workshops
- **August 2016:** Launch of the Tana River County HIV and AIDS Strategic Plan (TRCASP) 2016-2020

Chapter

4

Vision, Goals and Objectives

VISION

A generation free from HIV in Tana River County.

GOAL

1. To reduce stigma and discrimination, transmission of HIV infections, poverty and illiteracy,
2. To promote progressive cultural practices through community empowerment and involvement by 2020.

TRCASP Objectives

1. Reduce new HIV infection by 75%.
2. Reduce AIDS-related mortality by 25%.
3. Reduce HIV-related stigma and discrimination from 48% to 24%.
4. Increase domestic financing of the HIV response by 50%.

County Strategic Directions

In order to address the identified priorities ranging from HIV prevention to County coordination, the format of using the Strategic Directions as is in the Kenya AIDS Strategic Framework (KASF) was adopted.

Strategic Direction 1

The annual HIV infection rate in the County stands at 40 adults and 4 children. In this case therefore the need to reduce the new infections is paramount. To achieve this strategic direction various activities and interventions will be undertaken as outlined below.

Strategic Direction 1: Reducing new HIV infections						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
Reduce new HIV infections by 75%	Reduced new HIV infections among adults and children by 25% annually	Scale up HTC	Conduct moonlight HTC	Sex workers Truck drivers Bars and night clubs (revelers).	Mororo, Bangale, Madogo. chardende Bura, hola Garsen ,kipini oda	CASCO
			Conduct Integrated outreaches	General population	Entire county	CASCO
			Conduct workplace HTC	NIB, NYS, GK prison, police camps, health facilities, county offices, construction sites	Entire county	CASCO
			Conduct PITC	Patients/clients	Entire county	CASCO
			Conduct door to door HTC	General population	Entire county	CASCO
			Conduct biannual HIV RRI	General population	Entire county	CASCO

Strategic Direction 1: Reducing new HIV infections						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
Reduce new HIV infections by 75%	Reduced new HIV infections among adults and children by 25% annually	Scale up HTC	Carry out community engagement meetings.	General population	Entire county	CPHO
		SBCC	Conduct trainings for SBCC	Health workers and peer educators	Entire county	CPHO
			Conduct peer education sessions	Peers in the general population	Entire county	CPHO
			Promote proper condom use	Peers and general population	Entire county	CPHO
			Capacity building on life skills among school going and vulnerable children.	School going and vulnerable children	Entire county	CPHO
			Requisition, promotion and distribution of condoms and condom dispensers.	MSMs, sex workers, health workers, truck drivers, revelers, PLHIV,FP clients	Entire county	CPHO
		Voluntary Medical Male Circumcision	Conduct Advocacy for Early circumcision	General population	Entire county	CPHO
			Hold Surgical camp	Uncircumcised males	Entire county	CDH
		Sexual Gender Based Violence	Advocacy against harmful cultural practices.(FGM/CHILD MARRIAGE).	General population	Entire county	CPHO

Strategic Direction 1: Reducing new HIV infections						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
Reduce new HIV infections by 75%	Reduced new HIV infections among adults and children by 25% annually	Sexual Gender Based Violence	Provide PEP	SGBV survivors	Entire county	CDH
			Empower Women against SGBV	Women and girls	Entire county	CDH
	Reduced HIV transmission from mother to child by 14% .	Scale-up EMTCT Programmes	Awareness creation on PMTCT	Adult population	Entire county	CASCO
			Testall pregnant mothers and their spouses	Pregnant women and partners	Entire county	CASCO
			Promote FANC up to fourth visit.	Pregnant women	Entire county	CNO
			Provide HAART	HIV positive pregnant and lactating women.	Entire county	CASCO
			Advocate for Skilled delivery	Pregnant women	Entire county	CNO
			Advocate for exclusive breastfeeding	General population	Entire county	CNC
			Advocate for Male involvement in EMTCT	Men	Entire County	CNO

Strategic Direction 2:

The County has 1,372 PLHIV where adults are 1,200 and 172 children. In this case then, the county objective of reducing AIDS related mortality by 25% has to be implemented through cascading the 90-90-90 strategy.

Strategic Direction 2: Improving health outcomes and wellness of people living with HIV						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/ sub- county**	**Responsibility**
Reduce AIDS related mortality by 25%	Cascaded 90/90/90 strategy within the county (1200 adults and 172 children).	Identification of 90% of all adults and children living with HIV.	Conduct community engagement on HIV through (barazas, radio spots, road shows, skits, tournaments.	General population	Entire county	CASCO/CHD
			Conduct Mass HIV and TB screening. (moon light, door to door, outreaches, PITC, Biannual RRI).	General population	Entire county	CASCO
		Initiation to care, treatment and support.	Referral to health facilities.	PLHIV	Entire county	CASCO
			Provide ARVs and anti TB drugs.	PLHIV	All health facilities	CASCO
			Provide nutrition counseling and support.	PLHIV	All health facilities	CNC
		Achieve viral suppression.	Provide adherence counseling and support.	PLHIV	Entire county	CASCO

Strategic Direction 2: Improving health outcomes and wellness of people living with HIV						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/ sub- county**	**Responsibility**
Reduce AIDS related mortality by 25%	Cascaded 90/90/90 strategy within the county (1200 adults and 172 children).	Achieve viral suppression.	Strengthen defaulter tracing mechanisms.	PLHIV	Entire county	CCHS
			Provide nutrition counseling and support.	PLHIV, family members	Entire county	CNC
			Identify and treat opportunistic infections.	PLHIV	All health facilities	CDH
			Strengthen Home and community Based care	CHVs and Care Givers	Entire county	CCHS
			Maintain continuity supply of drugs, reagents and lab equipment	Health facilities	Entire county	CPF

Strategic Direction 3:

This strategic direction endeavours to facilitate the enactment of a policy framework to safeguard and ensure access to quality services by people living with HIV, Key Populations and vulnerable populations. This will enhance the removal of barriers to access of HIV services, reduce stigma, discrimination, social exclusion and gender based violence in the County.

Strategic Direction 3: Using a human rights approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
Reduce HIV related stigma and discrimination by 50%	Reduce HIV realted stigma and discrimination from 48% to 24%	Stigma reduction	Conduct Training on Stigma reduction	Healthcare workers	Entire county	CPHO
			Form and train support groups	PLHIV	Ward level	CHPO
			Conduct SBCC sessions Commemoration of World AIDS day	Key population and PLHIV	Entire County	CHPO
			Conduct- community engagement on Stigma Reduction	General population	Entire county	CHPO
	Reduced levels of sexual and gender-based violence for key populations (MSM, Sex workers) by 50%	Advocate for formulation and adoption of legal frame work, addressing the rights of the key population.	Conduct Advocacy meetings on addressing the rights of KPs	Members of county assembly	County assembly	CDH

Strategic Direction 3: Using a human rights approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
Reduce HIV related stigma and discrimination by 50%	Reduced levels of sexual and gender-based violence for key populations (MSM, Sex workers) by 50%	Advocate for formulation and adoption of legal frame work, addressing the rights of the key population.	Established and strengthened paralegal groups	Civil society organizations	Entire county	CDH
			Conduct community engagement on basic human rights.	Community members	Entire county	CHPO
			Train of paralegal groups	CSOs	Entire county	CDH
		Improved access to legal and social justice and protection among the key population.	Establish a help desks in every ward.	Key and vulnerable populations	Entire county	CDH
			Provision of timely access to PEP and other services	Key and vulnerable populations	Service delivery points	CASCO
			Support timely legal redress.	Key and vulnerable populations.	Entire county	CDH

Strategic Direction 4:

This strategic direction aims at strengthening the link between health and community systems for the provision coordinated prevention, treatment and care services.

Strategic Direction 4: Strengthening integration of health and community systems						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
Build a strong and sustainable system for HIV service delivery.	Improved health workforce for the HIV response.	Identify human resource needs.	Conduct a Training Needs Assessment (TNA).	Health workers and community health volunteers.	Entire county.	CASCO
			Recruitment and deployment of staff in all cadres	Health Professionals.	Entire county.	CDH
		Integrated and improved Health workforce	Conduct continuous staff capacity development.	Health workers and community health volunteers.	Entire county.	CDH
	Increased number of health facilities ready to provide KEPH defined HIV and AIDS services from 42% to at least 60%.	Formation and operationalization of C.Us	Training of community unit workforce.	Health workers, CHCs, CHVs.	Entire county.	CCHS
			Provision of reporting tools.	Health workers, CHCs, CHVs	Entire county.	CHD
			Provision of IEC materials.	Health workers, CHCs, CHVs	Entire county.	CHD
			Conduct OJT and mentorship.	Health workers, CHCs, CHVs	Entire county.	CDH
			Conduct support supervision.	Health workers, CHCs, CHVs	Entire county.	CDH

Strategic Direction 4: Strengthening integration of health and community systems						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
Build a strong and sustainable system for HIV service delivery.	Strengthened HIV commodity management	Capacity build health workers on LMIS.	TOT training.	Health workers	Entire county	CDH
			Training of health workers in LMIS.	Health workers	Entire county	CDH
			Provide M and E tools.	Health workers and CHVs	Entire county	CHRIO
			Conduct OJT and mentorship.	Health workers and CHVs	Entire county	CDH
			Conduct Supportive supervision.	Health workers and CHVs	Entire county	CDH
			Provide commodity storage facilities, Assorted Tools and Equipment	Health Facilities	Entire County	CDH
	Strengthened community level AIDS competency	Community engagement and empowerment	Support already existing and formation of new CSOs	CSOs/ Community	Entire county	CDH
			Train CSOs on HIV and AIDS	CSOs	Entire county	CDH
			Mentor CSOs on organizational development and systems strengthening	CSOs	Entire county	CDH
			Sensitize and involve local media on HIV response.	Media house(s)	Entire county	CDH

Strategic Direction 5:

To have an increased evidence based planning, greater emphasis should be given to identification and implementation of CASP HIV related research activities at County level as outlined by this strategic direction.

Strategic Direction 5: Strengthening research and innovation to inform the TRCASP goals						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Increased capacity to conduct HIV research at county level by 10%	Strengthen capacity to conduct operational research.	Constitute a research committee.	CHMT and partners	County level	CDH
			Identify research gaps.	Research team	Entire county	CDH
			Lobby for resources for Research.	County government and partners	County level	CDH
			Train researchers.	Health workers	Entire county	CDH
		Conduct and document research findings	Develop research protocols.	Research team	Entire county	CDH
			Carryout research	Research team	Entire county	CDH
			Disseminate of research findings.	Program officers, policy makers	Entire county	CDH

Strategic Direction 6:

To ensure right decision making within the County's HIV programmes, timely generation and utilization of information as backed by of research and M&E processes is paramount**.**

Strategic Direction 6: Promoting utilization of strategic information for research and monitoring and evaluation (M&E) to enhance programming						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
To facilitate research, monitoring and evaluation to inform decision making.	Strengthened M & E system effective in tracking the performance of the plan.	Establish M&E data base.	Map all HIV partners and stakeholders.	Stakeholders and partners	Entire County	CASCO
			Conduct multi-sect oral M&E meetings with partners and stakeholders.	Stakeholders and partners	Entire county	CDH
			Constitute an M&E coordinating committee	Stakeholders and partners	Entire county	CDH
			Conduct Quarterly County data review meetings and monthly Sub-County data review meetings.	M & E committee	Entire county	CDH
			Conduct quarterly data quality audit.	M& E committee	Entire county	CDH
			OJT and mentorship on data use.	HIV implementers	Entire county	CASCO

Strategic Direction 7

The county aims to increase domestic financing for the HIV response to 50% to ensure its sustainability. This financing will involve both levels of government and non-government funding. This strategic direction proposes for the allocation of 5% of the county health budget to the HIV response. Other supplementary funds will be mobilized from other stakeholders and partners to bridge the financing gap.

Strategic Direction 7: Increasing domestic financing for a sustainable HIV response						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
Increase domestic financing of the HIV response to 50%	Increase domestic financing of the HIV response by 5%	Resource mobilization	Develop an evidence based budget plan for HIV activities within the health budget.	CHMT	County level	CDH
			Lobby for 5% allocation of funds for HIV from County Health Budget.	Members of county assembly	County level	CDH
			Source funding from partners and donor agencies.	CHMT	County level	CDH
		Efficient utilization of the available resources.	Prioritize the activities to be funded.	CHMT	County level	CDH
			Realign the programmes to the plan.	CHMT and partners	County level	CASCO
			Develop a funding dashboard.	CHMT and partners.	County level	CDH
			Timely reporting (both field and financial).	CHMT and partners.	County level	CDH

Strategic Direction 8

The county seeks to promote good governance practises by identifying, developing , nurturing, and harnessing effective and committed leadership for the HIV and AIDS response. This will be achieved by capacity building of county and sub county managers on good governance and leadership; establishing and operationalising the county HIV coordination unit and committees.

Strategic Direction 8: Promoting accountable leadership for delivery of the TRCASP results by all sectors and actors						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
Entrench good governance and strengthen multi- sector and multi-partner accountability for delivery of KASF results.	Strengthened good governance and accountable leadership.	Capacity build county and sub- county managers on good governance and leadership.	Conduct a training needs assessment in governance and leadership.	Health workers	Entire county	CDH
			Train the health managers in Governance and Leadership.	Health workers.	Entire county	CDH
			OJT and MENTOR healthcare workers in Governance and Leadership.	Health workers	Entire county	CDH
			Conduct support supervision.	Health managers.	Entire county	CDH

Strategic Direction 8: Promoting accountable leadership for delivery of the TRCASP results by all sectors and actors						
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/sub-county**	**Responsibility**
Establish and strengthen functional and competent HIV coordination mechanism at the county level.	Strengthened multi sectoral HIV and AIDS response.	Establish and operationalize county HIV coordination unit and committees.	Map and establish coordination units.	Stakeholders and partners	Entire county	CDH
			Conduct consultative meeting.	Stakeholders and partners	Entire county	CDH
			Constitute a coordinating committee and formulation of TOR.	Stakeholders and partners.	Entire county	CDH
			Conduct quarterly review meetings.	Coordinating committee	County level	CDH

Chapter

5

Implementation Arrangements

HIV Coordination Structure

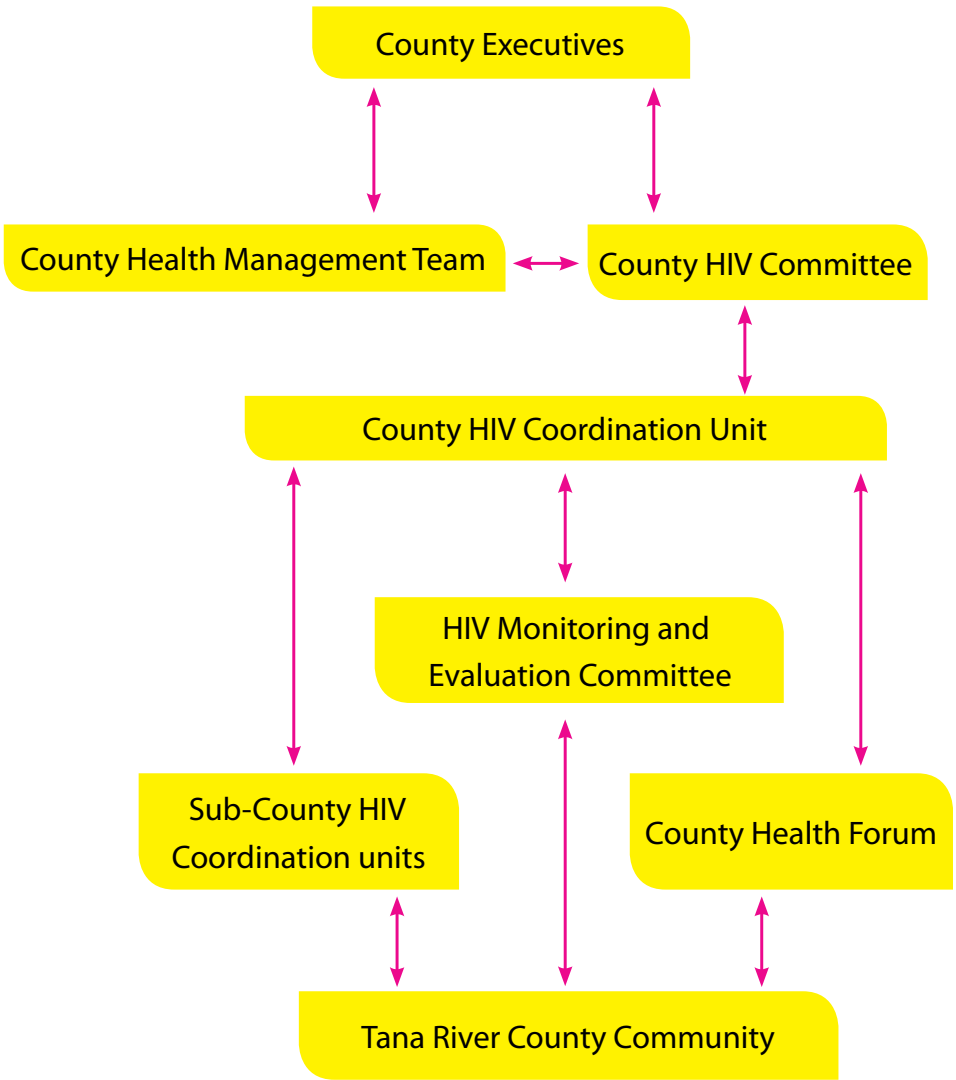


Figure 5.1 HIV coordination structure

County Executives (CE)

- Governor, D/Governor, County Secretary, CEC Members
- Highest overall decision making organ in the County

County Health Management Team (CHMT)

- All heads of divisions in the health department
- Highest decision making organ on matters of health in the county

County HIV Committee (CHC)

- Chaired by the CEC Member – Health, Water and Sanitation
- Composed of County heads of departments and key HIV implementers & Partners
- Highest decision making organ on HIV and AIDS response in the County

County HIV Coordination Unit

- The HIV coordination secretariat structure
- An office at the County level
- Supported by NACC

Sub- county AIDS Coordination Unit

- These includes the SCACS and SCASCO
- Coordination of HIV at grassroots level

County HIV Monitoring Committee

- It's the technical arm of the CHC.
- Chaired by the CASCO

Health Forum

- Platform for all Health implementers

Community

- Tana River County residents

Chapter 6

Research Monitoring and Evaluation of the Plan

The implementation of the Tana River County AIDS Strategic Plan will be monitored and evaluated through the Kenya National HIV monitoring and evaluation framework, which is coordinated by the National AIDS Control Council and NASCOP Programme Secretariat and the County CASP monitoring committee. Information gathered from county monitoring and evaluation of HIV and AIDS programmes will be used to:

a) Ensure HIV and AIDS prevention programmes achieve high levels of accountability and efficiency

b) Inform and help determine whether programme up scaling or expansion is required

c) Allow corrective or remedial action to be taken

d) Provide information and data which is beneficial for the implementation of the programmes and serve as input for the design of future programmes

e) For the purpose of reporting on national commitments such as DHIS, HIPORS and COBPAR.

6.1 Monitoring and Evaluation Process

Monitoring and evaluation will be utilising a process which is able to capture and evaluate various levels of programme implementation. All stakeholders involved in the response are contributors to the various indicators and are equally responsible to ensure that they are regularly monitored and utilised to measure progress. The NACC Secretariat and County CASP Monitoring committee is given the responsibility to monitor and evaluate the overall HIV and AIDS implementation in County.

6.2 Data Collection

The NACC Secretariat will work with the Tana River County department of

health and civil society organisations to conduct monitoring and evaluation.

6.3 Monitoring and Reporting Structure

A Technical Working Group on Monitoring and Evaluation (CASP-M&E) chaired by the CASCO is proposed to lead on the HIV programme performance reviews. This will provide an opportunity for strengthening of the Secretariat's own technical capacity as well as those of the relevant and involved organisations. The intention of the performance reviews is to evaluate progress based on coverage, effectiveness and sustainability of programmes.

The frequency of the county level HIV programme review should be every 3 months. The review will be conducted with county government and civil society organisations responding to HIV at the county level. The progress report of the M&E committee will be presented to the CHC.

6.3.1 Annual Progress Report

An annual progress report shall be prepared by the CHC and forwarded to the County executive-Governor to form part of the annual state of the county progress report presented to the county assembly.

6.3.2 Mid Term Review

A mid-term review of the implementation of the Strategic Plan is planned to take place in 2018. It will review progress made in the first two years. The review will be discussed in a joint stakeholder meeting, with the aim of reaching consensus on: Progress made in the implementation of the response as agreed in the current Strategic Plan and the direction and scope of future implementation of the response to HIV and AIDS.

6.3.3 Final Review and Impact Evaluation

A final evaluation of the Plan will take place in the second half of 2020. The final evaluation will assess whether expected results and targets have been achieved, through the analysis of available data to measure outcome and impact and a comparison with baselines values for these core indicators.

The final evaluation will not only assess effectiveness of individual programmes and of the overall national response, but will also take into consideration the quality and efficiency of programmes and interventions.

6.3.4 HIV and AIDS Research

Monitoring and evaluation of the County Strategic Plan will also require data collected through research, including regular surveys. Research compliments monitoring and evaluation by building a knowledge base which will guide the response.

Chapter

7

Risk and Mitigation Plan

A risk is an uncertain event or condition that, if it occurs, has a negative effect on the implementation and overall outcome objectives of the Tana River County HIV and AIDS Strategic plan. The risk management plan foresees risks, estimate impacts, and define responses to the identified issues. It also contains a risk assessment matrix.

Table 7.1 Risks and mitigation plan

Risk Category	Risk Name	Risk Status	Probability (1/5)	Impact (1/5)	Level of risk	Response/ Mitigation	Responsibility	When
Technological	Inadequate skills	Passive	2/5	2/5	Medium	Training/ capacity building on requisite skills	C.O-Health	Continuous
Political	Inadequate, legislation, laws and policy in the County	Active	4/5	3/5	High	Formulation and enactment of relevant HIV-Laws, legislation and policy	GVN, Chair Health Committee, C.E.C-Health	Continuous
Programme	Lack of prioritization	Active	3/5	4/5	High	Lobby HIV response prioritization in the County	C.E.C – Health, C.O – Health, CHC	Continuous
	Insecurity	Passive	2/5	2/5	High	Factor security in the programme budget	CC, RHC, CHC	Continuous
Financial	Inadequate financing	Active	4/5	4/5	High	Lobby for specific HIV budget lines	CEC-Health, CHC	Annual
Culture	Stigma/ discrimination	Active	3/5	3/5	High	Initiate stigma reduction programme	CHC	Bi- Annual

ANNEX 1

Results framework

Strategic Direction 1: Reducing new HIV infections							
KASF Objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Reduce new HIV infections by 75%	Reduced annual new HIV infections among adults from 40 – 10 and children from 4 -1	Scale up HTC	Number of moonlight, door to door and workplace HTCs conducted	1	4	8	CASCO, CDH
			Number of inte-grated outreaches conducted.	0	4	8	CASCO, CDH
			Number of RRIs conducted	1	4	8	CASCO, CDH, NACC
			Number of people counseled and tested for HIV and who received their test results	33866	40,000	60,000	CASCO, CDH
		Social Behaviour Change Communi-cation	Number of HW trained on BCC	0	2	4	CASCO, CDH
			Number of peer education sessions conducted	0	2	4	CASCO, CDH, NACC
			Number of condom demonstration sessions conducted	0	4	8	CASCO, CDH

Strategic Direction 1: Reducing new HIV infections							
KASF Objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Reduce new HIV infections by 75%.	Reduced annual new HIV infections among adults from 40 – 10 and children from 4 -1	Social Behaviour Change Communication	Number of school going and vulnerable children trained on life skills	0	540	1080	CDE, CD-TSC, NACC
			Number of condoms and condom dispensers distributed	0	100	200	CASCO, CDH
			Number of people from targeted audience reached through community outreach by at-least one HIV information, communication or BCC.	30,000	100,000	150,000	CASCO, CDH, NACC
			Percentage of women and men aged 15-49yrs who had sexual intercourse with more than one partner in the last 12 months reporting use of a condom during the last sexual intercourse.	20%	40%	60%	CASCO
		Voluntary Medical Male Circumcision	Number of males circumcised as part of the minimum package for male circumcision for HIV prevention services	2	25	50	CASCO, CDH
		Elimination of Mother To Child Transmission	Number of pregnant women who completed 4 ANC visits	2,774	3,330	4,329	CASCO, CDH

Strategic Direction 1: Reducing new HIV infections							
KASF Objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Reduce new HIV infections by 75%.	Reduced annual new HIV infections among adults from 40 – 10 and children from 4 – 1	Elimination of Mother To Child Transmission	Number of pregnant women and their spouses tested	164	328	656	CASCO, CDH
			Percentage of HIV pregnant women who received ARV to reduce the risk of mother to child transmission	13%	90%	100%	CASCO, CDH
			Percentage of infants born to HIV infected women who receive a viralogical test for HIV within 2 months of birth	80%	100%	100%	CASCO, CDH
			Percentage of infants born to HIV infected women starting on cotrimoxazole prophylaxis within 2 months of birth	80%	100%	100%	CASCO, CDH
			Percentage of skilled deliveries conducted	31.6%	46%	69%	CNO, CDH
			Number of clients whose male partners were tested in MCH	164	328	656	CDH, CCHS, CASCO
			Number of HIV mothers practicing exclusive breastfeeding	163	81	40	CASCO, CDH
		Sexual Gender Based Violence	Number of advocacy session conducted	0	4	8	NACC, CASCO
			Number SGBV survivors provided with PEP	7	0	0	CASCO, CDH

Strategic Direction 2:							
KASF objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Reduce AIDS related mortality by 25%.	Cascaded 90-90-90 strategy within the County (1200 adults and 172 children)	Identification of 90% of all adults and children living with HIV	Number of mass HIV and TB screening sessions conducted.	1	12	24	CDH, CASCO, TB-Coord
			Number of people tested	32	384	768	CASCO
		Initiation to care, treatment and support.	Number of HIV & TB cases referred	32	384	768	CASCO, TB-Coord
			Number of HIV & TB clients enrolled for care	236	400	577	CASCO, TB-Coord
			Number of clients provided with nutrition counseling and support	236	400	577	CNC, CASCO
		Achieve viral suppression.	Percentage of people on ART tested for viral load who have a suppressed viral load in the reporting period	12%	80%	100%	CDH, CASCO, CCHC
			Percentage of ART patients with an undetectable viral load at 12 months after initiation of ART.	12%	50%	80%	CDH, CASCO

Strategic Direction 3:							
KASF objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Reduce HIV related stigma and discrimination by 50%.	Increased self-disclosure of Sero-status among PLWHA	Stigma reduction	Number of trainings conducted	0	4	8	CASCO, NACC
			Number of BCC sessions conducted	0	4	8	CASCO, CPHO
			Number of community awareness and engagement sessions conducted	0	4	8	CPHO, CASCO, NACC
			Percentage of PLHIV who self-reported that they experienced discrimination and or stigma due to their HIV status	48%	35%	30%	CASCO
			Percentage of women and men aged 15-49yrs expressing accepting attitudes towards PLHIV	50%	60%	80%	NACC, CASCO
	Reduced levels of sexual and gender-based violence for key populations (MSM, Sex workers) by 50%	Advocate for formulation and adoption of legal frame work, addressing the rights of the key population.	Number of advocacy meetings with county assembly held	0	2	4	NACC, CHC, CDH

Strategic Direction 3:							
KASF objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Reduce HIV related stigma and discrimination by 50%	Reduced levels of sexual and gender-based violence for key populations (MSM, Sex workers) by 50%	Advocate for formulation and adoption of legal frame work, addressing the rights of the key population.	Number of paralegal groups formed	3	6	9	CHC, Human Rights Group
			Number of trainings on paralegal conducted	3	12	27	CHC, Human Rights Group
			Number of help desks established	0	15	30	CHC, Human Rights Group
			Percentage of ever married or partnered women, men(15-49yrs) and young people (15-24yrs) who experienced sexual and gender based violence	TBD	10%	5%	Law enforcers, Human Rights Groups, NACC
			Percentage of PLHIV (15-49yrs), PWID, MSM, SW and children who experienced sexual and gender based violence	0%	0%	0%	NACC, HIV Tribunal
		Improved access to legal and social justice and protection among the key population.	Number of cases filed by PLHIV at the HIV tribunal	0	0	0	NACC, HIV Tribunal

Strategic Direction 3:							
KASF objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Reduce HIV related stigma and discrimination by 50%	Reduced levels of sexual and gender-based violence for key populations (MSM, Sex workers) by 50%	Improved access to legal and social justice and protection among the key population.	Number of PLHIV and key populations accessing legal services at the HIV tribunal	TBD	ALL	ALL	NACC, HIV Tribunal
			Percentage of SGBV survivors accessing legal services	TBD	100%	100%	CDH, NACC, HIV Tribunal
			Number of laws, regulations and policies reviewed or enacted at county level that impact on the HIV response positively.	0	1	1	CHC, CEC, NACC, HIV Tribunal

Strategic Direction 4:							
KASF objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Build a strong and sustainable system for HIV service delivery.	Improved health workforce for the HIV response	Identify human resource needs.	Number of baseline survey conducted	0	1	2	CDH
			Number of staffs recruited	160	40	20	COH
		Integrated and improved staff capacity.	Number of training needs conducted	0	1	1	COH
			Number of trainings conducted	3	6	9	COH, CDH
			Number of OJT and mentorship sessions conducted	3	18	27	COH, CDH
			Number of support supervision conducted	9	27	36	COH, CDH
	Increased number of health facilities ready to provide KEPH defined HIV and AIDS services from 42% to at least 60%.	Formation and operationalization of C.Us	Percentage of health facilities providing KEPH defined HIV and AIDS service	5%	15%	30%	COH, CDH
	Strengthened HIV commodity management	Capacity build health workers on LMIS.	Number of HW trained on LMIS	0	12	18	COH, CDH

Strategic Direction 4:							
KASF objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Build a strong and sustainable system for HIV service delivery.	Strengthened community level AIDS competency	Community engagement and empowerment	Number of CUs implementing AIDS competency guidelines	6	9	18	CPHO, CCHS, CDH, NACC
			Number and percentage of CBOs that submit timely, complete and accurate reports according to guidelines	60	75	90	CPHO, CCHS, CDH, NACC

Strategic Direction 5:							
KASF objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research.	Increased capacity to conduct HIV research at county level by 10%	Strengthen capacity to conduct operational research.	Number of research committees formed	0	1	2	CHC, NACC, CDH
			Proportion of funds allocated to research	0	1%	2%	CHC, COH, CEC
			Number of people trained on research	0	6	12	CHC, COH, CDH, NACC
		Conduct and document research findings	Number of researches on HIV conducted	0	2	3	CHC, COH, CDH, NACC
			Number of research products disseminated to inform planning and programming	0	2	3	CHC, COH, CDH, NACC

Strategic Direction 6:							
KASF objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
To facilitate research, monitoring and evaluation to inform decision making.	Strengthened M & E system effective in tracking the performance of the plan.	Establish M&E data base.	Number partners available in the county	4	6	9	Office of the GVN, CDH, NACC
			Number of multi sectoral meetings held	2	4	8	Office of the GVN, CDH, NACC
			Number of functional HIV M& E structure formed	0	1	1	CDH, NACC
			Number of data quality review meetings conducted	3	9	18	CHC, COH, CDH, CHMT, NACC
			Number of data quality audit conducted	3	9	18	CHC, COH, CDH, CHMT, NACC
			Number of OJT and mentorship sessions conducted	3	9	18	CHC, COH, CDH, CHMT
			Number of sub-counties submitting timely, complete and accurate reports	3	3	3	CHC, COH, CDH, CHMT, NACC

Strategic Direction 7:							
KASF objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Increase domestic financing of the HIV response to 50%	Increase domestic financing of the HIV response to 5%	Resource mobilization	Percentage of county government funding for HIV response	0%	1%	1%	CEC-H, COH, CDH, NACC
			Percentage of private funding of HIV response	0%	1%	1%	Office of the GVN, CEC-H, COH, CDH, NACC
		Efficient utilization of the available resources.	Percentage of HIV funding by source	TBD	TBD	TBD	COH, NACC
			HIV spending by program area	TBD	TBD	TBD	CHC, NACC
			Proportion of funds allocation to CASP by strategic direction	See budget annex			

Strategic Direction 8:							
KASF objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Entrench good governance and strengthen multi- sector and multi-partner accountability for delivery of KASF results.	Strengthened good governance and accountable leadership	Capacity build county and sub-county managers on good governance and leadership.	Number of county and sub-county managers trained on leadership and governance.	4	12	36	CEC, COH, CPSB
Establish and strengthen functional and competent HIV coordination mechanism at the county level.	Strengthened multi sectoral HIV and AIDS response.	Establish and operationalise county HIV coordination unit and committees.	Number of implementing organizations reporting at the county level as per the M&E guidelines.	60	75	90	CHC, COH, CDH, NACC
			Number of coordination units formed	3	4	4	CHC, COH, CDH, NACC
			Number of functional KASF monitoring committee formed	0	1	1	CHC, COH, CDH, NACC
			Number of functional HIV ICC formed	0	1	1	CHC, COH, CDH, NACC

ANNEX 2

Resource needs

For the implementation of the strategic plan, the strategic activities were costed annually in Ksh. The budget provided is for one year. In each subsequent year, an increment of at least 10% will be added.

Strategic Direction	Key Acitivity	Strategic Activity	Budget (KE), Y1	Budget (KE), Y2	Budget (KE), Y3	Budget (KE), Y4	Total (KES)
SD1	HTC	Conduct moonlight HTC	420,000/=	420,000/=	450,000/=	450,000/=	**1,740,000**
		Integrated outreaches	360,000/=	360,000/=	400,000/=	400,000/=	**1,520,000**
		Conduct workplace HTC	220,000/=	220,000/=	250,000/=	250,000/=	**940,000**
		Conduct PITC	No budget	No budget	No budget	No budget	-
		Conduct door to door	360,000/=	360,000/=	400,000/=	400,000/=	**1,520,000**
		RRI	2,100,000/	2,100,000/	2,500,000/	2,500,000/	**9,200,000**
	SBCC	Conduct trainings for SBCC	425,000/=	425,000/=	450,000/=	450,000/=	**1,750,000**
		Conduct peer education sessions	126,000/=	126,000/=	150,00/=	150,000/=	**552,000**
		Conduct condom demonstration and use	No budget	No budget	No budget	No budget	-
		Capacity building on life skills among school going and vulnerable children.	885,000/=	885,000/=	1,000,000/	1,000,000/	**3,770,000**

Strategic Direction	Key Acitivity	Strategic Activity	Budget (KE), Y1	Budget (KE), Y2	Budget (KE), Y3	Budget (KE), Y4	Total (KES)
SD1	SBCC	Requisition, promotion and distribution of condoms and condom dispensers.	1,436,000	1,436,000/	1,436,000/	1,436,000/	**5,744,000**
	VMCC	Advocacy for Early circumcision and surgical camp	500,000	500,000	750,000	750,000	**2,500,000**
	GBV	Advocacy against harmful cultural practices.(FGM/CHILD MARRIAGE).	126,000/=	126,000/=	150,000/=	150,000/=	**552,000**
		Provide PEP	FREE	FREE	FREE	FREE	-
		Women empowerment on against GBV	126,000/=	126,000/=	150,000/=	150,000/=	**552,000**
	PMTCT	Awareness creation on PMTCT	126,000/=	126,000/=	150,000/=	150,000/=	**552,000**
		Testing of all pregnant mothers and their spouses	FREE	FREE	FREE	FREE	-
		FANC up to fourth visit.	FREE	FREE	FREE	FREE	-
		HAART	FREE	FREE	FREE	FREE	-
		Skilled delivery	FREE	FREE	FREE	FREE	-
		Advocate for exclusive breastfeeding	126,000/=	126,000/=	150,000/=	150,000/=	**552,000**
		Male involvement	126,000/=	126,000/=	150,000/=	150,000/=	**552,000**
						Total	**31,996,000**

Strategic Direction	Key Acitivity	Strategic Activity	Budget (KE), Y1	Budget (KE), Y2	Budget (KE), Y3	Budget (KE), Y4	Total (KES)
SD 2	Identification of 90% of all adults and children living with HIV.	Conduct community engagement on HIV through (barazas, radio spots, road shows, skits, tournaments.	126000/=	126000/=	150,000/=	150,000/=	**552,000**
		Conduct Mass HIV and TB screening. (moon lightdoor to dooroutreaches, PITC, Biannual RRI).	270,000/=	270,000/=	300,000/=	300,000/=	**870,000**
	Initiation to care, treatment and support.	Referral to health facilities.	FREE	FREE	FREE	FREE	-
		Provide ARVs and anti TB drugs.	FREE	FREE	FREE	FREE	-
		Provide nutrition counseling and support.	FREE	FREE	FREE	FREE	-
	Achieve viral suppression	Provide adherence counseling and support.	FREE	FREE	FREE	FREE	-
		Strengthen defaulter tracing mechanisms.	240000/=	240000/=	240000/=	240000/=	**960,000**
		Provide nutrition counseling and support.	FREE	FREE	FREE	FREE	-
		Identify and treat opportunistic infections.	1,117,500/	1,117,500/	1,300,000/	1,300,00/	**4,835,000**
		Strengthen Home and community Based care	10,000,000	10,000,000	10,000,000	10,000,000	**40,000,000**
		Maintain continuity supply of drugs, reagents and lab equipment	11,564,250	11,564,250	11,564,250	11,564,250	**46,257,000**
						Total	**93,474,000**

Strategic Direction	Key Acitivity	Strategic Activity	Budget (KE), Y1	Budget (KE), Y2	Budget (KE), Y3	Budget (KE), Y4	Total (KES)
SD 3	Stigma reduction	Conduct Training on Stigma reduction	1,600,000/	1,600,000/	1,600,000/	1,600,000/	**6,400,000**
		Form and train support groups	10,000,000	10,000,000	10,000,000	10,000,000	**40,000,000**
		Conduct SBCC sessions Commemortion of WorAIDS day	1,125,000	1,125,000	1,250,000	1,250,000	**4,750,000**
		Conduct community Engagement on Stigma Reduction	5,040,000	5,040,000	5,040,000	5,040,000	**20,160,000**
	Advocate for formulation and adoption of legal frame work, addressing the rights of the key population.	Conduct Advocacy meetings on addressing the rights of KPs	2,520,000	2,520,000	2,520,000	2,520,000	**10,080,000**
		Established and Strengthened paralegal groups	250,000/=	250,000/=	300,000/=	300,000/=	**1,100,000**
		Conduct community engagement on basic human rights.	187,000/=	187,000/=	200,000/=	200,000/=	**774,000**
		Train of paralegal groups	1,712,500	1,712,500	2,000,000	2,000,000	**7,425,000**
	Improved access to legal and social justice and protection Among the key population	Establish a help desks in every ward.	270,000/=	270,000/=	300,000/=	300,000/=	**1,140,000**
		Provision of timely access to PEP and other services.	1,000,000	1,000,000	1,000,000	1,000,000	**4,000,000**
		Support timely legal redress.	680,000/=	680,000/=	680,000/=	680,000/=	**2,720,000**
		Sensetization forum involving the law enforcement officer, KPs, and human rights advocates.	630,000/=	630,000/=	630,000/=	630,000/=	**2,520,000**
						Total	**101,069,000**

Strategic Direction	Key Acitivity	Strategic Activity	Budget (KE), Y1	Budget (KE), Y2	Budget (KE), Y3	Budget (KE), Y4	Total (KES)
SD 4	Identify human resource needs.	Conduct a Training Needs Assessment (TNA).	-	3,460,000/	-	-	**3,460,000**
		Recruitment and deployment of staff in all cadres	1,000,000/	1,000,000/	-	-	**2,000,000**
	Integrated and improved Health workforce	Conduct continuous staff capacity development.	1,587,800/	1,587,800/	1,587,800/	1,587,800/	**6,351,200**
	Formation and operationaliza-tion of C.Us	Training of community unit workforce.	604,400/=	604,400/=	800,000/=	800,000/=	**2,808,000**
		Provision of reporting tools.	962,000/=	962,000/=	1,000,000/	1,000,000/	**3,924,000**
		Provision of IEC materials.	500,000/=	500,000/=	500,000/=	500,000/=	**2,000,000**
		Conduct OJT and mentorship.	500,000/=	500,000/=	500,000/=	500,000/=	**2,000,000**
		Conduct support supervision.	553,000/=	553,000/=	600,000/=	600,000/=	**2,306,000**
	Capacity build health workers on LMIS.	TOT training.	347,300/=	347,300/=	500,000/=	500,000/=	**1,694,600**
		Training of health workers in LMIS.	2,530,900/	-	2,530,900/	-	**5,061,800**
		Provide M and E tools.	500,000/=	500,000/=	500,000/=	500,000/=	**2,000,000**
		Conduct OJT and mentorship.	500,000/=	500,000/=	500,000/=	500,000/=	**2,000,000**
		Conduct Supportive supervision.	2,530,900/	-	2,530,900/	-	**5,061,800**
		Provide commodity storage facilities, Assorted Tools and Equipment	553,000/=	553,000/=	553,000/=	553,000/=	**2,212,000**

Strategic Direction	Key Acitivity	Strategic Activity	Budget (KE), Y1	Budget (KE), Y2	Budget (KE), Y3	Budget (KE), Y4	Total (KES)
SD 4	Community engagement and empowerment	Support already existing and formation of new CSOs Train CSOs on HIV and AIDS Mentor CSOs on organizational development and systems strengthening Sensitize and involve local media on HIV response.	57000/=	57000/=	57000/=	57000/=	**2,280,000**
						Total	**45,159,400**
SD5	Strengthen capacity to conduct operational research.	Constitute a research committee.	67,500/=	675,000/=	-	67,500/=	**810,000**
		Identify research gaps.	200,000/=	200,000/=	-	-	**400,000**
		Lobby for resources for Research.	135,000/=	135,000/=	135,000/=	135000/=	**540,000**
		Train researchers	-	1,050,000/	1,050,000/	-	**2,100,000**
	Conduct and document research findings	Develop research protocols.	217,500/=	217,500/=	217,500/=	217,500/=	**870,000**
		Carryout research	-	1,500,000/	1,500,000/	1,500,000/	**4,500,000**
		Disseminate of research findings.	-	-	500,000/=	600,000/=	**1,100,000**
						Total	**10,320,000**

Strategic Direction	Key Acitivity	Strategic Activity	Budget (KE), Y1	Budget (KE), Y2	Budget (KE), Y3	Budget (KE), Y4	Total (KES)
SD 6	Establish M&E data base.	Map all HIV partners and stakeholders.	150,000	200,000	-	-	**350,000**
		Conduct multisect oral M&E Meetings with partners and stakeholders.	1,540,000/	1,540,000/	1,540,000/	1,540,000/	**6,160,000**
		Constitute an M&E coordinating committee	No budget	No budget	No budget	No budget	**-**
		Conduct Quarterly County data review meetings and monthly Sub-County data review meetings.	1,680,000/	1,680,000/	1,680,000/	1,680,000/	**6,720,000**
		Conduct quarterly data quality audit.	360,000	360,000	360,000	360,000	**1,440,000**
		OJT and mentorship on data use.	-	1,320,000/	1,320,000/	1,320,000/	**5,280,000**
						Total	**19,950,000**
SD 7	Resource mobilization	Develop an evidence based budget plan for HIV activities within the health budget.	125,000/=	125,000/=	125,000/=	125,000/=	**500,000**
		Lobby for 5% allocation of funds for HIV from County Health Budget.	100,000/	100,000/	100,000/	100,000/	**400,000**
		Source funding from partners and donor agencies.	116,000/=	116,000/=	116,000/=	116,000/=	**464,000**

Strategic Direction	Key Acitivity	Strategic Activity	Budget (KE), Y1	Budget (KE), Y2	Budget (KE), Y3	Budget (KE), Y4	Total (KES)
SD 7	Efficient utilization of the available resources.	Prioritize the activities to be funded. Realign the programmes to the plan. Develop a funding dashboard.	100,000/	100,000/	100,000/	100,000/	**400,000**
		Timely reporting (both field and financial).	100,000/=	100,000/=	100,000/=	100,000/=	**400,000**
						Total	**2,164,000**
SD 8	Capacity build county and sub- county managers on good governance and leadership.	Conduct a training needs assessment in governance and leadership.	200,000/=	-	-	200,000/=	**400,000**
		Train the health managers in Governance and Leadership.	-	1,056,000/	-	1,056,000/	**2,112,000**
		OJT and MENTOR healthcare workers in Governance and Leadership.	-	1,960,000/	-	1,960,000/	**3,920,000**
		Conduct support supervision.	300,000/=	300,000/=	300,000/=	300,000/=	**1,200,000**
		Print, disseminate and roll out of key TRCASP copies	100,000	260,000/=	-	-	**360,000**
		Build and sustain high level political and technical commitment fro strengthened county ownership of HIV response	120,000/=	120,000/=	120,000/=	120,000/=	**480,000**
						Total	**8,148,000**

ANNEX 3

References

1. Kenya AIDS Indicator Survey, 2012
2. Kenya AIDS Strategic Plan 2014/2015- 2018/2019
3. KASF Monitoring and Evaluation Framework 2014/2015-2018/19
4. The National HIV and AIDS Stigma and Discrimination index Report, 2014
5. Tana River County CIDP 2013-2018
6. Kenya HIV County Profiles, 2014
7. Kenya Constitution, 2010
8. District Health Information System, 2014
9. Kenya Demographic and Health Survey, 2014

ANNEX 4

List of drafting and technical review team

County Drafting Team

1. Dr. Nick Mwenda – CASCO
2. Jilloh George Kase – County Food &Water Quality Control,Strategic Planning And M&E Officer.
3. Salim Garise – County TB Coordinator
4. Makopa Omari – County Nutrition Coordinator
5. Dennis Dhadho – Community Health Strategy/BCC Aphia Plus Imarisha
6. Randu Yeri – County Chief Nurse
7. Odha Dae – County Community Health Strategy Focal Person/Wash P.O.
8. Charo Jepha –Sub-county TB/HIV Coordinator.
9. Gatie Victor – CACC Coordinator
10. Josphat Ndegwa – County Health Promotion Officer.
11. Mwanjama Omari – NACC Regional Coordinator.
12. Flora Abio – County Nutritionist

Technical Support Team

13. Rohin Onyango – Research, M&E Specialist/Economist – Africa Capacity Alliance
14. Pamela Kibunja – Health Researcher/Strategic Management Practitioner

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